EXHIBIT I-a

NFL HEAD INJURY

Client Information Request and Damage Materials Needed

This is a questionnaire that will be used to assist the attorneys investigate the relationship between repetitive brain trauma/concussions and brain damage or brain disease, including such symptoms as cognitive impairment, memory impairment or depression, in former NFL players. Please add any additional pages as needed.

NARRATIVE/BIOGRAPHICAL SKETCH

I. Please prepare a general narrative containing a biographical sketch of the life of the injured party mentioning significant events or accomplishments in their life. Separate individual narratives should be prepared by each family member, detailing the effect of this injury on the particular family member. (If there are additional family members that are not listed below, please add names to this list, even if they are unrepresented or represented by other counsel indicating their status of representation.)

Family Members/Claimants:

Please list the names, addresses, phone numbers, ages and relation to the injured party of all family members (spouse, children, parents and siblings).

Elvie Smith (spouse) 2717 Millwood Dr Richardson, TX. 75082 (972) 234-3892 Age 48

Dante Smith (same address) Age 22

Jazmin Smith (same address) Age 21

Morrisa Norma Smith (Steve's parents) 542 Wildflower Trail Myrtle Beach, SC. 29577 (843) 347-7877

Cheryl Smith (Steve's sister) 5020 Redhorse Crt Waldorf, Md. 20603 (301) 758-6405

II. **PLEASE PROVIDE THE FOLLOWING INFORMATION FOR THE INJURED PARTY:**

NAME: Steven Anthony Smith

CURRENT ADDRESS: REDACTED

PHONE NUMBER(S): REDACTED

EMAIL(S): REDACTED

DATE & PLACE OF BIRTH: Washington DC 8/30/1964

DRIVER'S LICENSE NUMBER AND PLACE OF ISSUE: REDACTED

SOCIAL SECURITY NO. REDACTED

BEST TIME/PLACE TO REACH YOU: Evenings @ home

If someone assisted you in filling out this questionnaire, please list their name and contact information: Chue Smith (Spouse) Hm 972) 234-3892
cell 214) 232-0307

EMPLOYMENT BACKGROUND

III. **NFL EXPERIENCE**

TEAM/YEAR/POSITION: 87-94 L.A. Raiders, 94-96 Seattle Seahawks
fullback

DATE OF RETIREMENT FROM NFL: Feb. 1996

IV. **CURRENT EMPLOYMENT/OCCUPATION**

Please provide an employment/occupation summary for the Injured Party. The summary should contain employment history since your retirement from the NFL. At a minimum, please provide the name of the employer, job title and description, weekly earnings and total wages.

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INCOME TAX VERIFICATION/RETURNS

V. **INCOME TAX VERIFICATION/RETURNS** for Injured Party are needed. If verification/tax returns are unavailable, then please obtain records from the Injured Party's employer verifying the Injured Party's income and/or a copy of the NFL Contract at the time of injury. If applicable, please provide us with evidence of pension income and source. If the family has received accident benefits - whether through a governmental program or private insurance, please provide the amount of such payment(s) as well as the source(s) of the payment(s). Please provide copies of any federal and state income tax returns filed by the Injured Party, either jointly or individually, for the past five years. Also include copies of any W-2's for the current year if the current year's tax returns have not yet been prepared or whatever similar proof of income you have available.

EDUCATIONAL BACKGROUND

VI. Please provide a summary of the injured party's educational background. Please include copies of diplomas or any awards received by the Injured Party.

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MARITAL STATUS

VII. Please provide us with the Injured Party's marital status. Please also provide a copy of the marriage certificate. If the Injured Party was divorced, please provide us with a copy of the divorce decree.

CHILDREN AND DEPENDENT RELATIVES

VIII. Does Injured Party have any natural or adopted children? If so, please state:

A. Name, address and telephone number of each child.

B. Date and place of birth of each child.

C. Full name, address and telephone number of each child's other parent.

D. Date and place of adoption of the child, if applicable.

MEDICALS

IX. Please provide copies of medical records attesting to the Injured Party's general medical condition prior to the injury and most importantly, all medical records and bills since the injury. Please include any medical reports describing the physical as well as psychological injuries suffered by the Injured Party.

X. CONCUSSIONS

Please describe concussions or concussion-like symptoms you recall experiencing (please include year/team/position and as much detail as you recall for NFL-related injuries):

XI. POTENTIAL WITNESSES

For each concussion or concussion-like symptoms you detailed in Section X above, please provide the name and contact information for any witness *(e.g., teammates, relatives, friends, coaches, etc.)* who you recommend we contact regarding your case and/or your injuries.

XII. MEDICAL CONDITIONS

Have you suffered from any of the following since your retirement from football (please check all that apply):

Headaches	☐	Dizziness	☐
Loss of memory	☐	Chronic brain injury	☐
Dementia	☐	Impulse control problems	☐
Chronic Traumatic Encephalopathy	☐	Alzheimer's	☐
Neurological disorder	☐	Depression	☐
Suicidal thoughts	☐	Fatigue	☐
Sleep problems	☐	Irritability	☐
Neck or cervical spine arthritis	☐	Numbness/tingling	☐
Anxiety	☐	Other	☐

If you checked "Other" please explain: _____

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Have you been diagnosed by a medical professional since your retirement from football with any of the following (please check all that apply):

Headaches	☐	Dizziness	☐
Loss of memory	☐	Chronic brain injury	☐
Dementia:	☐	Impulse control problems	☐
Chronic Traumatic Encephalopathy	☐	Alzheimer's	☐
Neurological disorder	☐	Depression	☐
Suicidal thoughts	☐	Fatigue	☐
Sleep problems	☐	Irritability	☐
Neck or cervical spine arthritis	☐	Numbness/tingling	☐
Bipolar Disorder	☐	Parkinson's	☐
"Punch Drunk"	☐	Traumatic brain injury	☐
PTSD	☐	Anxiety	☐
Adjustment Disorder	☐	Personality Disorder	☐
Dysthymic Disorder	☐	Panic Disorder	☐
Social Phobia	☐	Intermittent Explosive Disorder	☐
Psychosis	☐	Other	☐

If you checked "Other" please explain: _____

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XIII. DIAGNOSIS CHART

If you checked any of the conditions in Section XII above, for each symptom, please describe when your symptoms were diagnosed, duration of symptoms, any treatments, current prognosis and the name and address of the medical professional who diagnosed and/or treated your symptoms (use additional sheets as necessary):

Symptom: _____

Date of Diagnosis: _____

Duration of Symptom (how long symptoms lasted): _____

_____

Treatment/Medication/Current Prognosis (likely outcome): _____

_____

Medical professional who diagnosed (name/address/tel. no.): _____

_____

Symptom: _____

Date of Diagnosis: _____

Duration of Symptom (how long symptoms lasted): _____

_____

Treatment/Medication/Current Prognosis (likely outcome): _____

_____

Medical professional who diagnosed (name/address/tel. no.): _____

_____

PLEASE PROVIDE COPIES OF ALL MEDICAL RECORDS FROM THE ABOVE-NAMED MEDICAL PROFESSIONAL REGARDING SAID DIAGNOSIS.

XIV. CONDITIONS RELATED TO FOOTBALL

Has any medical professional ever linked any of your conditions to your NFL football career? If so, please describe the condition, the name, address and telephone number of the medical professional and a brief description of what was said:

XV. OTHER FOOTBALL-RELATED INJURIES

Please describe all other injuries you sustained or exacerbated during the course of your professional football career (*e.g., torn ACL, rotator cuff injury, etc.*):

XVI. NON-FOOTBALL-RELATED INJURIES

Please describe all medical conditions you currently have or have had, along with the date of diagnosis (approximate dates are acceptable) and treatment received (*e.g., "appendectomy in 1980", "tonsil surgery in 1983," "high blood pressure 1999 to present – prescribed xxxxxx", etc.*)

XVII. NFL BENEFITS

For any of the medical conditions identified in Section XII above, are you currently receiving NFL disability benefits? If so, please identify the condition, any finding of disability, date disability commenced, amount of benefits:

XVIII. OTHER PERTINENT INFORMATION

Is there any other pertinent information you would like to share with us regarding potential head injuries or other chronic conditions that you may have suffered as a result of playing in the NFL:

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XIX. PHOTOGRAPHS, MRIs, X-RAYS

Please provide copies of any photographs, x-rays, MRIs and any other diagnostic films in connection with any of the injuries sustained.